REQUEST FOR AMENDMENT OF IDT TRAVEL ORDERS

	Date
N T	CCM
Name	SSN
Order number to be amended:	
Order Date:	
Oruci Butt.	
m	
Travel Dates:	
Reason for Amendment:	
	<u> </u>
Soldier's Signature	
Supervisors Signature	
****ATTACH COPY OF ORDER	TO BE AMENDED****
REMARKS:	
Date of input:	
Date of input:	